

Montana Medicaid Claim Jumper

Nurse First Introductory Provider Letters

January 1st started the beginning of Montana Medicaid's Nurse First demand management programs. Consisting of a nurse triage line and disease management programs for asthma, diabetes, heart failure, cancer and chronic pain, most Medicaid providers will be impacted by the programs.

Many Medicaid providers may have received disease management introductory letters respective to their DM enrolled PASSPORT clients. These informational letters are provided to you as a professional courtesy, no action is required on your part. However, the letters can be used as a management tool as they provide client specific data addressing clinical, behavioral, medical management, and self-care information.

A few providers may have received client information in error. This has occurred for several reasons including clients who have recently changed providers, clients new to PASSPORT, clients who have not visited their PCP, or, for clients without a PCP, an auto-assignment through claims data analyses. If you believe you have received client information in error, please immediately contact the Care Management Program at (406) 444-1518.

In an effort to better serve our clients and our providers, the Department is currently reviewing the information sent to providers. We have received feedback from some providers regarding these materials and encourage you to send us any comments you have. Your suggestions are always welcomed and encouraged. Please submit to: Care Management, 1400 Broadway, Helena MT 59620-2951 or email teweldon@state.mt.us.

If you have any questions and or comments about Nurse First, please contact Tedd Weldon at (406) 444-1518 or teweldon@state.mt.us.



PASSPORT And Nurse First Referrals

The Nurse First registered nurses do not diagnose nor provide treatment, rather they provide a care recommendation to an appropriate level of care. The Nurse First nurses do not give PASSPORT referrals. When a Nurse First nurse directs a client to seek services all PASSPORT rules still apply. If the service requires PASSPORT approval, you must still call the client's PASSPORT PCP for that referral. Please direct questions to Provider Relations at 1-800-624-3958.

New Emergency Dental Services Form

Medicaid has a new emergency dental services form that providers should use for adults on basic Medicaid. This new form, "Emergency Dental Services Form For Basic Medicaid Adults Age 21 And Over," (revised 4/1/04), can be found in the Forms section on the Medicaid Provider Information website at www.mtmedicaid.org.

Cost Sharing And Emergency Rooms

Montana Medicaid's cost sharing policy allows providers to bill cost sharing for non-emergent services provided in the emergency room. Some facilities have expressed concern that the \$5.00 facility cost-share is not worth the time and expense to collect. Therefore, it may be a good time to remind providers that there are two cost sharings for most non-emergent services (please refer to the manual for services or clients where cost sharing does not apply). For non-emergent services there is a \$5.00 cost share for the UB-92 claim and a \$4.00 cost share for each CMS 1500 claim, which can be collected in combination with each other, where appropriate. Cost sharing does not apply to emergent services.

Indicating TPL Payment On WINASAP Professional Claims

For WINASAP professional claims where Medicaid pays secondary or tertiary to another insurer (TPL), providers should follow these instructions to enter the TPL paid amount and other TPL information.

Note: As reported in the January 2004 *Claim Jumper*, claims indicating a TPL payment (not including Medicare) do not require any attached paper documentation. However, an attachment is required if the TPL denies payment for non-covered services or exceeded benefits, etc.

Step 1: In the patient reference database, on the second screen, under Payer Responsibility Sequence Code, select Medicaid as “secondary” (or “tertiary,” if applicable).

Step 2: On the third screen of the professional claim, Claim Information, click on “Other Subscriber Information.” Complete the fields on page 1 of this screen. The fields under Secondary Identification are not required.

Step 3: On page 2 of the Other Subscriber Information section, complete all the fields under the Insurance Information section at the top. Click on the COB Amounts button and enter the TPL Paid Amount. Leave all the other COB Amounts fields blank. Note: Do not check the Assignment of Benefits Indicator or complete any of the fields under Outpatient Adjudication Info.

Step 4: Continue on to the Other Payer Information section and enter the Payer Name, Payer Primary ID Type, Payer Responsibility Sequence Code, Payer Primary ID, and Claim Adjudication Date. Lastly, click on “OK.”

Repeat the above process for any other TPL payment on the claim.

Thank you

Special thanks to all the providers who attended the DPHHS Provider Fair on April 27 & 28 in Helena. The Fair was a big success thanks to your participation and input.

Claims Processing Timetable

For providers who get paid bi-weekly, payment cycles are processed every other Wednesday. For providers who get paid weekly (via direct deposit), payment cycles are every Wednesday. For example, the first bi-weekly payment cycle in May is on Wednesday, May 12. The next payment cycle is May 26 and so forth.

Claims submitted electronically must be received at ACS before 2:00 pm on the payment cycle day to be processed in the next payment cycle. Of course, claims submitted on paper must be microfilmed and data-entered prior to processing which can add several weeks to the overall process.

Direct deposit payment is paid on the Monday after a payment cycle and paper checks are mailed on the following Tuesday.

Providers who receive reimbursement via direct deposit and access their RAs electronically are eligible to receive weekly payment. The Direct Deposit Sign-up Form can be downloaded at the Provider Information website at www.mtmedicaid.org under “Forms.”

The 2004 Medicaid Payment Schedule is available for download on the Provider Information website at www.mtmedicaid.org. Click on Resources by Provider Type and click on your provider type. The Payment Schedule is posted at the bottom of the page under “Other Resources.”

Still Billing On Paper?

Whether you submit one claim a month, or hundreds, any provider can benefit from switching from paper to electronic billing. Whether by using the free WINASAP2003 software or by using a clearinghouse to submit claims, electronic billing is faster, more accurate, and more secure. Electronic claims can be processed for payment in as little as a week versus three to four weeks to process a paper claim. All you need is a personal computer (Windows 98 and above) and a standard phone line to submit electronically via WINASAP2003.

Providers can download the free WINASAP software and enrollment information at www.acs-gcro.com or by calling the EDI Support Unit at (800) 987-6719.

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website at www.mtmedicaid.org. Select “Resources by Provider Type” for a list of resources specific to your provider type. If you cannot access the information, contact provider relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Notices

<i>Date Posted</i>	<i>Provider Type(s)</i>	<i>Description</i>
03/16/04	Inpatient Hospital, Outpatient Hospital, Physician, Mid-level Practitioner IDTF, Psychiatrist, Podiatrist, Lab & X-ray	Updated ATP Fees Notice
03/24/04	Home Infusion Therapy	New Codes Notice
04/02/04	Outpatient Hospital	Hospital Outpatient APCs for January & April

Fee Schedules

<i>Date Posted</i>	<i>Provider Type(s)</i>	<i>Description</i>
03/15/04	Physical Therapy	New Fee Schedule (01/04)
03/15/04	Occupational Therapy	New Fee Schedule (01/04)
03/26/04	Lab & X-ray	New Fee Schedule (01/04)
03/26/04	Optometric	New Fee Schedule (01/04)
03/26/04	Speech Therapy	New Fee Schedule (01/04)
04/02/04	Hospital Outpatient	New Fee Schedules (01/04 & 04/04)
04/06/04	Audiology	New Fee Schedule (01/04)
04/06/04	IDTF	New Fee Schedule (01/04)
04/06/04	Nutrition	New Fee Schedule (01/04)
04/06/04	Podiatry	New Fee Schedule (01/04)
04/06/04	Hearing Aids	New Fee Schedule (01/04)
04/06/04	Optician	New Fee Schedule (01/04)
04/06/04	Dental	New Fee Schedule (01/04)

Other Resources

<i>Date Posted</i>	<i>Provider Type(s)</i>	<i>Description</i>
04/01/04	Dental	Emergency Dental Services Form For Basic Medicaid Adults Age 21 And Over

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information website <http://www.mtmedicaid.org>

ACS EDI Gateway Website <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 987-6719

Provider Relations (800) 624-3958 (in Montana)
(406) 442-1837 (Helena & out-of-state)
(406) 442-4402 fax

TPL (800) 624-3958 (in Montana)
(406) 443-1365 (Helena & out-of-state)

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization

DMEOPS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5835
Helena, MT 59604